MAR 1 5 2005

Ø 003/019

S/N 10/615675

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Trond A. JORGENSEN

Examiner:

Jason Han

Serial No.:

10/615675

Group Art Unit:

2875

Filed:

July 8, 2003

Docket No.:

07885.0091US01

Title:

LIGHT SOURCE DEVICE FOR ILLUMINATING MICRODISPLAY

**DEVICES** 

CERTIFICATE UNDER 37 CFR 1.6(d):
I hereby certify that this paper is being transmitted by facebraile to the U.S. Patent and Trademark Office on March 15,

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT & RESPONSE

Dear Sir:

In response to the Office Action mailed September 15, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin at page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 7 of this paper.

Remarks begin on page 11 of this paper.

TOTAL

OR

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD 615,675 10 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FEE RATE FEE NUMBER EXTRA RATE NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 (37 CFR 1.16(b)) OR = (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE ADDI-PRESENT RATE REMAINING NUMBER TIONAL TIONAL **FXTRA PREVIOUSLY** ENT AFTER FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) 20 OR ENDMI 18 x s 200 x s 100= Minus Independent (37 CFR 1.16(b)) OR ₹ 180 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE RATE ADDI-PRESENT NUMBER m REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY AFTER FEE FEE ENDMENT PAID FOR AMENDMENT = Minus Total OR (37 CFR 1.16(c)) Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST RATE ADDI-CLAIMS ADDI-PRESENT RATE O REMAINING NUMBER TIONAL TIONAL **EXTRA** PREVIOUSLY FEE ENT **AFTER** FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) OR ENDME Minus OR x s OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) =

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use of the confidence of the confiden use to to process) an application. Confidentiality is governed by 35 0.50. The arms of the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the OSETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.